CITY OF DURHAM YOUTH COMMISSION

Application Form

Deadline: April 30, 2016
Application must be postmarked by date indicated to be eligible for consideration



2016-2017 City of Durham Youth Commission Application Form

Program information, instructions and reference forms are enclosed.

CITY OF DURHAM YOUTH COMMISSION

General Expectations and Responsibilities

Selected Youth Commission Members will:

- •Commit to a one-year term of service on the City of Durham Youth Commission.
- Serve on City boards and committees as appointed and attend all meetings of such boards/committees.
- Complete 40 hours of volunteer Service Learning during that one year term of service. Volunteer work must be "hands on" work with an approved agency.
- Attend and actively participate in <u>all</u> meetings, service projects, and special events sponsored by the Youth Commission
- Review the information before completing this application. Note program dates, requirements & the attendance policy. Please make sure you do not have any conflicts with the requirements before applying.

The Commission is open to Durham youth (rising) 9th grade through 12th grade, in private, public or home schools located in Durham.

CITY OF DURHAM YOUTH COMMISSION

Qualification Guidelines

A successful City of Durham Youth Commission candidate should:

- Demonstrate leadership in school and/or community activities.
- Express an interest contributing to the greater well-being of the Durham area
- Commit to 100% participation in all activities.
- Complete the application and mail to Evelyn Scott in the Office on Youth. Must be postmarked by April 30, 2016

Provide two references demonstrating qualifications for the City of Durham Youth Commission

- Give **Reference Form #1** to your principal/headmaster, guidance counselor or teacher.
- Follow up with reference to make sure the form is sent in.
- Give **Reference Form #2** to a coach, youth leader or other adult who knows you well.
- Follow up with your reference to make sure the form is sent in.

For more information, see your principal or guidance counselor. Selections for the City of Durham Youth Commission are made by a Selection Committee composed of members of City Council, City staff and members of the community.

Participants will be chosen as follows:

- The Board will review all applications.
- In order to be considered, an applicant must receive approval from at least 50% of the Selection Committee.
- Selections will be made and participants will be notified in writing by June, 2016.
 - •All applications will remain confidential.

The City of Durham Youth Commission does not discriminate on the basis of sex, race, religion, national origin or disabilities.

APPLICATION FORM

Complete all areas below. This information is not used as part of the selection process.

All applicants will be notified in writing if they have been selected.

Please type or print legibly in black ink.

Name (Last)		(First)	(Middle)	
Home Phone	cell	E-mail Address		
School		Grade F	all 2016': $\Box 9^{th} \Box 10^{th} \Box 11^{th} \Box 12^{th}$	
Home Address				
City		Zip:		
Gender	te			
T-Shirt Size	_			
Mother/Guardian N	Iame	Day	time Phone	
Father/Guardian Na	ame	Day	ytime Phone	
How did you learn	about the City of D	urham Youth Commission?		
APPLIC	CATION DEA	DLINE: April 30, 201 Mail to: The City of Durham Y 101 City Hall Plaza Durham, NC 27701 ATTN: Evelyn Scott	6 (must be postmarked) Youth Commission	
Application Check	dist:	TTTTW Everyn Scott		
Application	completed and s	igned by applicant.		
Parental per	rmission signed b	y parent/legal guardian.		
Two (2) res	ference letters sub	omitted.		
	Deadline April 3 Durham Youth Call Plaza,			

Durham NC 27701 ATTN: Evelyn Scott

GENERAL INFORMATION

Using a few phrases or adjectives	, describe yoursel	f.			
What skills and abilities would yo	ou contribute to a	Youth Comn	nission in Durha	um?	
SCHOOL EXPERIENCE Other schools attended besides cu	rrent school:				
List up to 3 special awards, honor related activities you have receive				ar, sports, school or comm	ınity
Main areas of interest in studies:					
WORK EXPERIENCE List any part-time job experiences	s, paid or voluntee	er, and briefly	tell what it inv	olved.	
Do you currently have a part-time	job?		How many hour	rs per week?	
Would your job interfere with you Commission?		the City of I	Ourham Youth		
Do you have any extracurricular a projects?	activities that will	interfere wit	h attending mee	tings/special events/service	>
ORGANIZATIONS AND ACTI List in order of importance to yo organizations in which you partic	ou up to five scho		r, religious, soc	ial, athletic or other activi	ties or
Organization/Activity I 1					

FOR RETURNING YOUTH COUNCIL MEMBERS ONLY: PLEASE INDICATE THE TOTAL NUMBER OF YEARS YOU HAVE SERVED ON THE COMMISSION _____

Write or type a brief essay in response to the following question. Your answer must fit in the allotted space on this page. Other attached sheets will not be accepted.

What do you feel you contributed to the 2015-16 City of Durham Youth Commission and should you be selected again, what did you learn from and how will you contribute differently in the upcoming year?

Did you complete the required 20 hours of Service Learning and if not, WHY?

LEASE PRINT OR TYPE LEGIBLY IN BLACK INK.					
·					

COMMUNITY AWARENESS

Write or type a brief essay in response to the following question. Your answer must fit in the allotted space on this page. Other attached sheets will not be accepted.

What do you think are the 3 most important issues facing Durham youth today and what are your suggestions in dealing with these issues?

PLEASE PRINT OR TYPE LEGIBLY IN BLACK INK.				
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PARENTAL PERMISSION FORM

Dear Parent/Legal Guardian:

By applying for **The City of Durham Youth Commission**, your child is making a commitment to take part in an outstanding leadership development and youth service program. This form is to verify that you are aware of the attendance policy & program requirements. Upon selection to participate in **The City of Durham Youth Commission**, students are expected to attend all program activities. Please sign & return this form with the application. The above dates & requirements are further detailed on the enclosed information sheet which you may keep as a reference. You are responsible for reading them in full before signing this permission form.

Signature of Parent or Legal Guardian	Date
ATTENDANCE POLICY	
 The success of this program depends on the content attendance. 	ommitment of each participant to punctuality and full
	the other members of the Durham Youth Commission r time.
 Accordingly, recognition as a member of Durl attendance at all programs, including service project 	ham Youth Commission depends on punctuality and exts and special events
Absences due to extenuating circumstances (i.e. d.)	eath in the family, illness) may be excused.
	re to attend for any reason other than illness, serious ualification from the program. Dates will be provided in
I attest that all information provided is correct. I have requirements, and if selected, will meet them.	read and understand the Durham Youth Commission
Applicant's Signature	Date
References	
Give Reference Form #1 to your high school principa	al/headmaster, counselor or a teacher.
Give Reference Form #2 to a coach, scout leader, you	th group leader or other adult/mentor
You are responsible for seeing that your Reference F	orms are returned by the deadline, April 30, 2016.
Reference #1 Name/Title	
Telephone Number	
School/Firm/Organization	

City of Durham Youth Commission Application 2016-17

Telephone Number

Reference #2 Name/Title _____

Applicant Information Please type or print legibly in black ink.

	(First)	(Middle)
date the waiver below. You	ur reference must return this for ess listed on front of application	s form by April 30, 2016. Please sign and rm to you in a sealed envelope, or they may packet. You are responsible for making sure
Waiver of Access: I, the un	ndersigned, waive the right of pe	ersonal access to the reference.
Signature		Date
The person named above is Committee attaches considered Committee is aware of the your help. The reference for	is an applicant for the City of learning and applicant for the statements is	ril 30, 2016 to: Commission nza 701 cott
Name of Reference		
Position/Title		
School/Firm/Organization		
Phone Number/Email		

Please Note: Please do not refer to the applicant by name. Questions or concerns? Email Evelyn Scott at Evelyn.Scott@durhamnc.gov or call 354-2730 x 11104.

City of Durham Youth Commission

Reference Form #1 Please use the scale below to compare the applicant with other youth you have known who are the age of this applicant. Superior Above Average Average Below Average **Unable to Judge** Character П **Concern for Others** П П П П Responsibility Leadership П Initiative Curiosity П П Ability to work w/others П П П П Maturity Poise П П П Oral comm. skills Persistence and drive **Interest in community affairs** П П П Extracurricular activities (Makes wise choices with extracurricular activities and follows through on commitments.) For how long and in what capacity have you known the applicant? What do you consider the applicant's primary talents or strengths? What do you consider the applicant's chief weakness? Comment on the applicant's relationship with his/ her peers. How is the applicant's ability to communicate with others; his/ her behavior in a group setting (participant or observer)? Is the applicant interested in community affairs?_____

Signature of Reference(HEADMASTER/PRINCIPAL/COUNSELOR/TEACHER Date

Does this applicant have potential for becoming a community leader?______

PLEASE PRINT OR TYPE LEGIBLY IN BLACK INK.

Applicant Inform Please type or print legibly in bla		
	(First)	(Middle)
date the waiver below. Y	our reference must return this form	form by April 30, 2016. Please sign and to you in a sealed envelope, or they may le for making sure it is submitted by the
Waiver of Access: I, the	undersigned, waive the right of pers	sonal access to the reference.
Signature		Date
Committee is aware of the your help. The reference		1 30, 2016 to: Commission a 01
Name of Reference		
Position/Title		
School/Firm/Organization	1	
Phone Number/Email		

Please Note: Please do not refer to the applicant by name. Questions or concerns? Email Evelyn Scott at Evelyn.Scott@ durhamnc.gov or call 354-2730 x 11104

City of Durham Youth Commission

REFERENCE FORM #2

Please use the scale below to c					who are the age of this applicant.
Character	Superior	Above Average	Average	Below Average	Unable to Judge
Concern for Others					
Responsibility					
Leadership		П			
Initiative		П	П		
Curiosity					
Ability to work w/others		П			
Maturity	П	П	П	П	
Poise					
Oral comm. skills					
Persistence and drive					
Interest in community affairs	s 🗆				
Extracurricular activities					
(Makes wise choices with extr					eents.)
For how long and in what ca	apacity ha	ave you known t	he applica	nt?	
What do you consider the ap	oplicant's	primary talents	or strength	1s? 	
What do you consider the ap	oplicant's	chief weakness	?		
Comment on the applicant's	relations	hip with his or h	ner peers.		
How is the applicant's abilit observer)?	y to comi	nunicate with of	thers; his o	or her behavior i	n a group setting (participant or
Is the applicant interested in	commun	nity affairs?			
Does this applicant have po	tential for	becoming a con	mmunity l	eader?	
Signature of Reference (CO	ACH SC	OUT LEADER	YOUTH C	ROUP LEADE	(R/MENTOR) Date